

Name
in
Full

Mrs. Carrie V. Alexander

CERTIFICATE OF DEATH

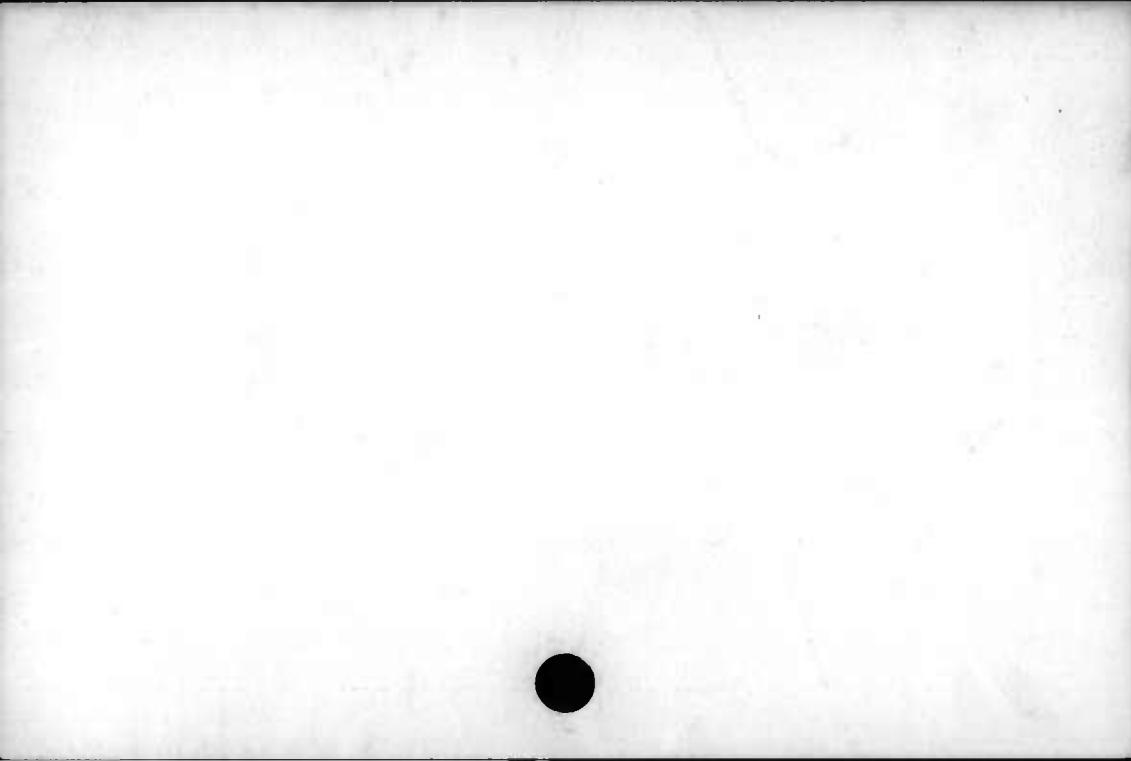
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------------------|---------------------------|------------------|-----------------------------|--------------------|----------------------------|------------------|
| Died at | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 | 3 | Month <i>June</i> | Day <i>13</i> | Age | Years <i>48</i> | Months <i>4</i> | Days <i>8</i> |
| Sex | <i>female</i> | | Color or Race | <i>white</i> | | Birth- place | <i>Md.</i> |
| Married, Single or Widowed | <i>married</i> | | | Occupation | <i>N. W.</i> | | |
| Name of Wife or Husband | <i>Chas. W. Alexander</i> | | | | | | |
| Father's Name | <i>Jowacko Sheehan</i> | | | | | Father's Birthplace | <i>Ireland</i> |
| Mother's Maiden Name | <i>Elizabeth Marco</i> | | | | | Mother's Birthplace | <i>"</i> |
| Name of person giving In formation | <i>C. W. Alexander</i> | | | | | How related to deceased | <i>Husband.</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|--------------------------|-------------|-----------------------------------|-------------------|
| Primary | <i>Nephritis</i> | | How long | <i>Some weeks</i> |
| Immediate | <i>Uremic Convulsion</i> | | How long | <i>120</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes.</i> | Signature of Physician | |
| | | | Address <i>Chas. D. Boyle,</i> | |
| Accident or Suicide? | | | | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|--|-------------------------|--------------------|--|-------------|
| Mrs. Ann Maria Alter | | Town Near Hagerstown | | County Washington | |
| Died at | | MARYLAND | | | |
| Date of death 1905 | | Month June | Day 25 | Age 76 | Months — |
| Sex female | | Color or Race white | Birth-place Md. | | |
| Married, Single or Widowed widow | | Occupation H. W. | | | |
| Name of Wife or Husband David Alter. | | | | | |
| Father's Name John Mumma | | | | Father's Birthplace Md. | |
| Mother's Maiden Name Mary Snively | | | | Mother's Birthplace .. | |
| Name of person giving information Mrs. Frank Smith | | | | How related to deceased niece | |
| CAUSES OF DEATH | | | | | |
| Primary | | | | How long | |
| Immediate Senility | | | | How long 154 | |
| Are the name, age, sex, color, date and place correctly given above? yes | | | | Signature of Physician Dr. J. M. P. Scott | |
| | | | | Address Hagerstown Md. | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

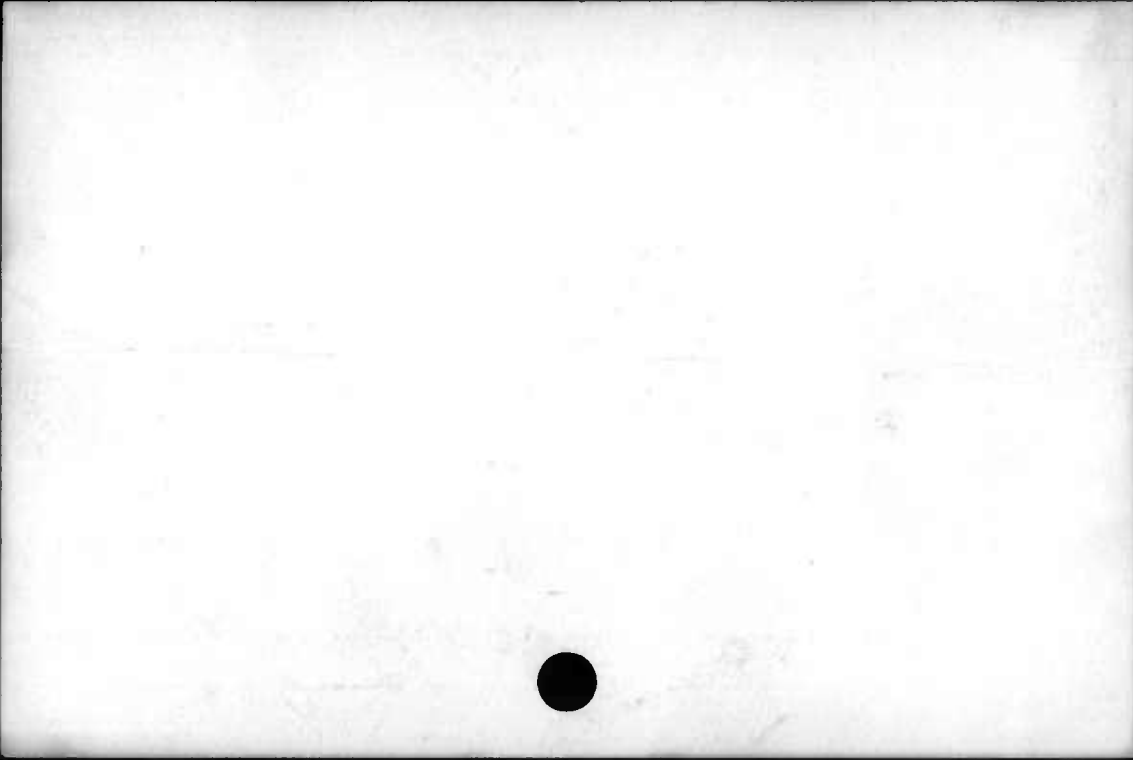
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|----------------------------|---------------|---|----------------|
| Died at <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>6</i> | Day <i>3</i> | Age <i>68</i> | Months <i>5</i> | Days <i>22</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Germany</i> | | | |
| Married, Single or Widowed <i>Widow</i> | | Occupation | | | |
| Name of Wife or Husband <i>Gen Arras</i> | | | | | |
| Father's Name <i>Maritz Heimel</i> | | | | Father's Birthplace | |
| Mother's Maiden Name <i>Davina Heimel</i> | | | | Mother's Birthplace | |
| Name of person giving information <i>Fred Schluke</i> | | | | How related to deceased <i>Son in Law</i> | |

CAUSES OF DEATH

| | |
|--|--|
| Primary <i>Heart disease</i> | How long <i>Short duration</i> |
| Immediate <i>Heart disease</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>L. B. B. B. B.</i> |
| | Address <i>—</i> |
| Accident or Suicide? | |

PHYSICIAN
OR CORONER



Name
in
Full

Geo G Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County, MARYLAND

Date of death 1903 Month 6 Day 10 Age 19 Years 4 Months 28 Days

Sex Male Color or Race White Birth-place Md

Married, Single or Widowed Single Occupation Labourer

Name of Wife or Husband _____

Father's Name Geo A Baker Father's Birthplace Md

Mother's Maiden Name Agnes E Keontz Mother's Birthplace Md

Name of person giving information Mother How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever How long 10 days

Immediate Toxemia How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Victor D Miller Jr.

Address Hagerstown Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Young Bowers

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death 190 *3* ^{Month} *6* ^{Day} *8* Age *1* ^{Years} *9* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *MD*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *John S Bowers* Father's Birthplace *MD*

Mother's Maiden Name *Sadie M. Young* Mother's Birthplace *MD*

Name of person giving information *J. S Bowers* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *meningitis* ⁶ How long *—*

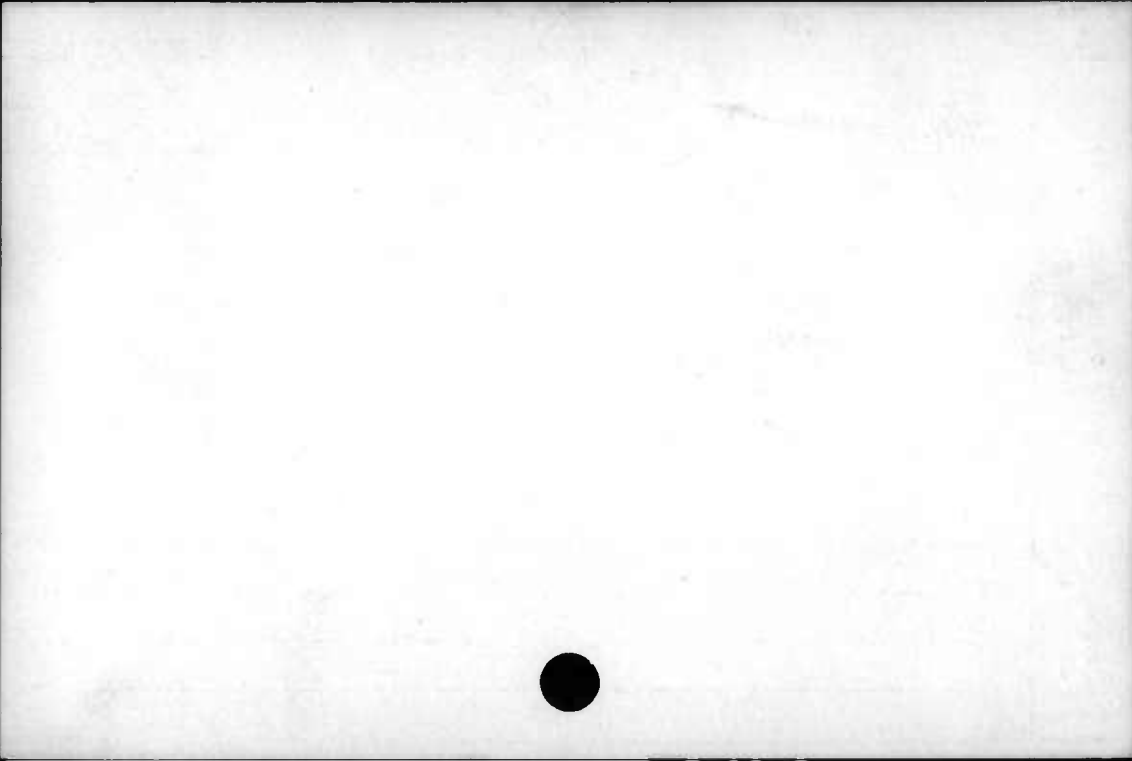
Immediate *Convulsions* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E A Marham*

Address *Hagerstown MD*

7 ~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

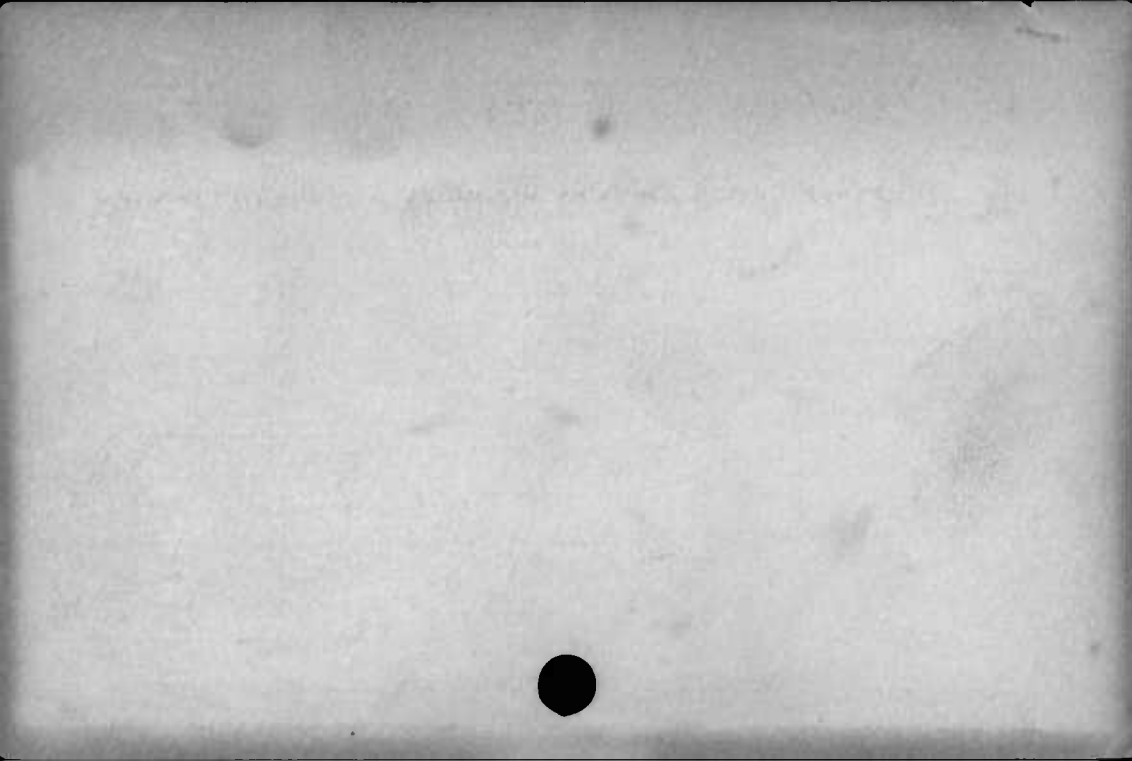
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------------|-------|---------------|-----------------|-------|-------------------------|----------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1903 | | June | 28 | 19 | | 3 | 28 |
| Sex | Male | | Color or Race | White | | Birth-place | Balto Md |
| Married, Single or Widowed | No record | | Occupation | Dealer in stock | | | |
| Name of Wife or Husband | Jane Elizabeth Littley | | | | | | |
| Father's Name | John Cunningham | | | | | Father's Birthplace | Ireland |
| Mother's Maiden Name | Sarah Johnson | | | | | Mother's Birthplace | Balto Md |
| Name of person giving information | Jane Elizabeth Cunningham | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------|--------------------------------------|--------|
| Primary | Initial Insufficiency | How long | 3 yrs. |
| Immediate | Overexertion | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | E. H. Johnston M.D. | |
| Address | | Berkeley Springs Morgan Co W. Va. | |
| Accident or Suicide? | | — | |



Name in Full

Certificate of Death

David Downin

Town

County

Died at

MARYLAND

Died at *Boncocheague*
 Date *1903* Month *June* Day *18* Age *74* Y. *6* M. *19* Native of *U.S.A.* Occupation *farmer*
 Male *White* Married *Widow* Divorced *Widower* Number of children living *1*
~~Female~~ ~~Colored~~ ~~Single~~

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

years

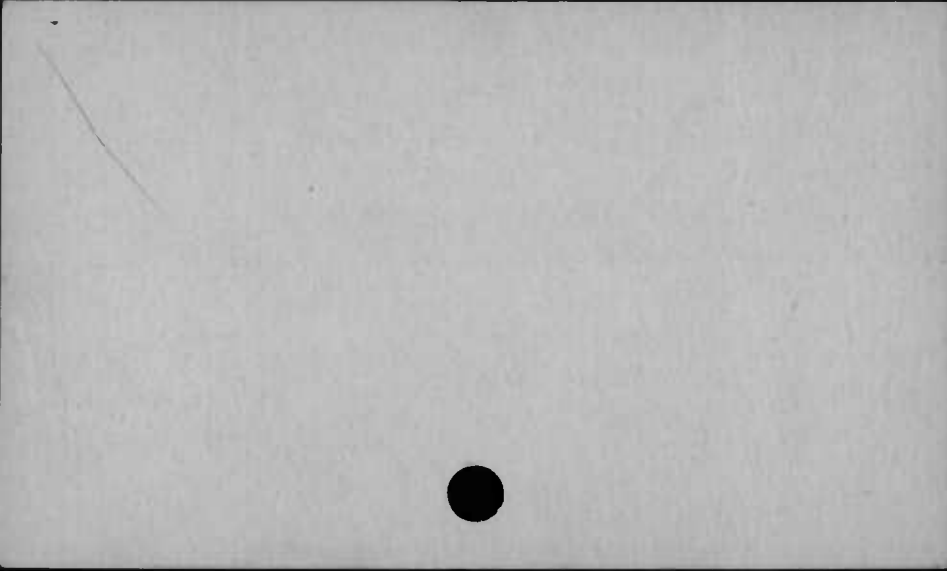
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85555



Name
in
Full

Maggie Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|-------------------|------------------------------|---------------|---------------------------------------|--------|---------|--|
| Died at <i>Bellows Asylum</i> | | Town <i>Washington</i> | | County <i>Washington</i> | | MAYLAND | |
| Date of death 1903 | Month <i>June</i> | Day <i>20</i> | Age <i>48</i> | Years | Months | Days | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Washington Co. Md.</i> | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information <i>D. R. Hager</i> | | | | How related to deceased <i>noun</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-----------------|--|----------------------------|
| Primary <i>Insanity</i> | <i>8</i> | <i>60</i> | How long <i>5 yrs.</i> |
| Immediate <i>Maniac</i> | <i>Apoplexy</i> | <i>Hemorrhage</i> | How long <i>10 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>W. B. Morrison</i> | |
| | | Address <i>Hagerstown Md.</i> | |
| Accident or Suicide? | | | |

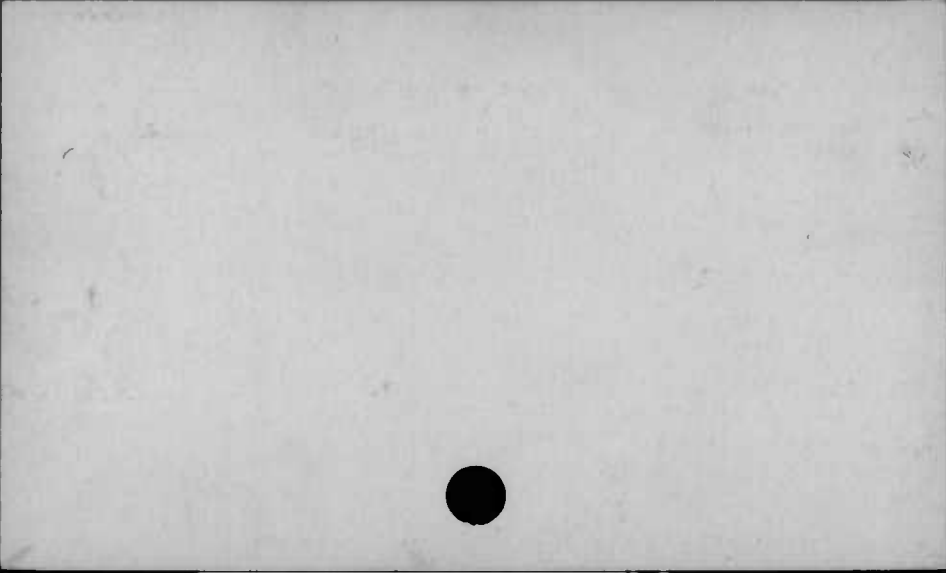
A K Coppersman

Name in Full

Certificate of Death

Name in Full *Samuel H. Eikelberger*
 Town *Conococheague* County *Wash.* MARYLAND
 Died at *Conococheague Wash.*
 Date 19 *03* Month *6* Day *9* Age *72-1-11* Native of *Md.* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widower ☒ Number of children living *5*
 Husband of *Sarah Eliza Pencinger*
 Wife *Sarah Eliza Pencinger*
 Father's Name *Sarah Eliza Pencinger* Mother's Name *Sarah Eliza Pencinger*
 Cause of Death { Primary *Valvular disease of heart.* How long sick *2 mos.*
 Immediate *Dropsy.* *79* ~~Accident, Suicide, Homicide~~
 Reported by *Thos. Boose*
 Address *Windsport, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Adelia Catherine Floyd.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|--------------------------|------------------|-------------------------|----------------------|
| Died at <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 | 3 | Month | 6 | Day | 16 |
| Age | 50 | Years | 3 | Months | 20 |
| Sex | <i>female</i> | Color or Race | <i>White</i> | Birth-place | <i>Fred. Co. Md.</i> |
| Married, Single or Widowed | <i>married</i> | Occupation | <i>Housewife</i> | | |
| Name of Wife or Husband | <i>John W. Floyd.</i> | | | | |
| Father's Name | <i>Abraham Thomas</i> | | | Father's Birthplace | <i>Md.</i> |
| Mother's Maiden Name | <i>Catherine Rhodes</i> | | | Mother's Birthplace | <i>"</i> |
| Name of person giving information | <i>Chas. Thomas</i> | | | How related to deceased | <i>Brother.</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|----------------------|
| Primary | <i>Renalure Senility</i> | How long | <i>Many years</i> |
| Immediate | <i>Apoplexy</i> | How long | <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>D. S. Maxon</i> |
| | | Address | <i>Hagerstown Md</i> |
| Accident or Suicide? | <i>no</i> | | |

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry B. Forsythe

Died at *Indian Spring* ^{Town} *Washington* ^{County}

State *MARYLAND*

Date of death 1903 *6* Month *23* Day *43* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Indian Spring*

~~Married~~, Single *Farmer*
~~or Widowed~~

Occupation *Farmer*

Name of Wife or Husband

Father's Name *Henry Forsythe* Father's Birthplace *Indian Spring*

Mother's Maiden Name *Mary A. Bridindal Ph* Mother's Birthplace *Indian Spring*

Name of person giving information *Henry Forsythe* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate *Tuberculosis*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Information from Henry Forsythe

Indian Spring Md

Accident or Suicide?



Name
in
Full

Jonathan Forsythe, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|---|----------------------------|--------------------------|----------------------------------|--|--------|
| Died at <i>Indian Spring</i> | | County <i>Washington</i> | | | |
| Date of death 190 <i>3</i> | Month <i>6</i> | Day <i>3</i> | Age <i>76</i> | Years | Months |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Indian Spring</i> | | |
| Married, Single at Widowed | | | Occupation <i>Farmer</i> | | |
| Name of Wife <i>Susan Brack</i> | | | | | |
| Father's Name <i>Jonathan Forsythe</i> | | | | Father's Birthplace <i>Indian Spring</i> | |
| Mother's Maiden Name <i>Nix</i> | | | | Mother's Birthplace | |
| Name of person giving information <i>Wm. Yeakle</i> | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|----------------------------|--------------------------|
| Primary | <i>26</i> | How long |
| Immediate | <i>Throat Tuberculosis</i> | How long <i>6 months</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| | | Address |
| Accident or Suicide | | <i>Cleary Spring Md</i> |



No Name.

Died at Hamovet ^{Town} Shash ^{County} MARYLAND

Date 19 03 6 29 ^{Month} ^{Day} Age ^{Y.} ^{M.} ^{D.} Native of Occupation

Male White ~~Female~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living

Husband of
 Wife of
 Father's Name Edward Grano Mother's Name Rosa Johnson
 Maiden Name

Cause of Death { Primary Born dead S How long sick
 { Immediate Accident, Suicide, Homicide

Reported by Martin Johnson
 Address Hamovet Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

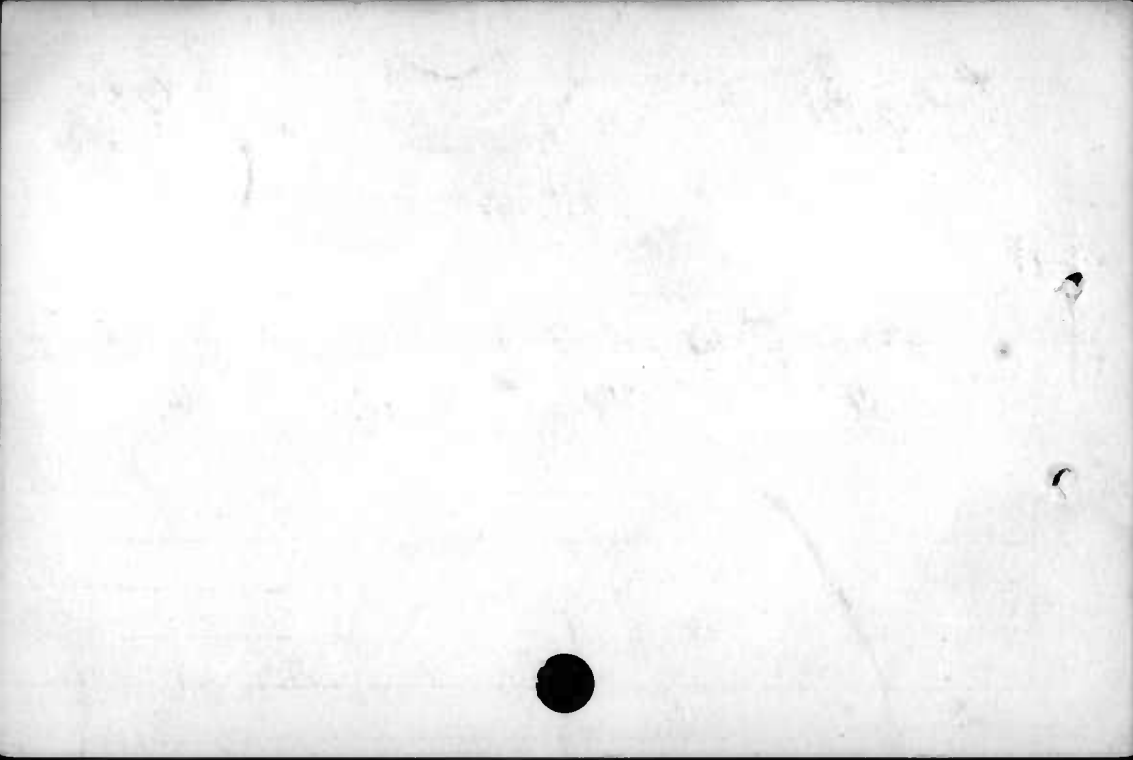
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------------------------|--|-------------------------------------|--|--|--|
| Name <i>Muriel Ann Hammer</i> | | Town <i>Farmington</i> | | County <i>Washington</i> | | MARYLAND | |
| Died at | | Date of death 190 <i>3</i> | | Month <i>6</i> | | Day <i>20</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Age <i>59</i> | | Years <i>6</i> | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>House Wife</i> | | Birth-place <i>Farmington</i> | | Months <i>51</i> | |
| Name of Wife or Husband <i>Fred Hammer</i> | | Father's Name <i>John F. Osborn</i> | | Father's Birthplace <i>New York</i> | | Mother's Maiden Name <i>Ellen Dillikeide</i> | |
| Name of person giving information <i>Miss Gamin Osborn</i> | | How related to deceased <i>Sister</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------|---|---------------|
| Primary | <i>Indigestion</i> | How long | <i>104</i> |
| Immediate | <i>Catastrophal</i> | How long | <i>Hamlin</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>C. J. Mergend</i> | |
| | | Address <i>Farmington</i> | |
| Accident or Suicide? | | <i>Wash'to Ad</i> | |



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1903 ^{Month} 6 ^{Day} 30 Age ^{Years} Still Born ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Married, Single or Widowed Child ^{Occupation} Child

Name of Wife or Husband

Father's Name Oscar J. Harrison ^{Father's Birthplace} Ind

Mother's Maiden Name Cora W. H. Valentine ^{Mother's Birthplace} Ind

Name of person giving information Oscar J. Harrison ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born ^{How long} 8

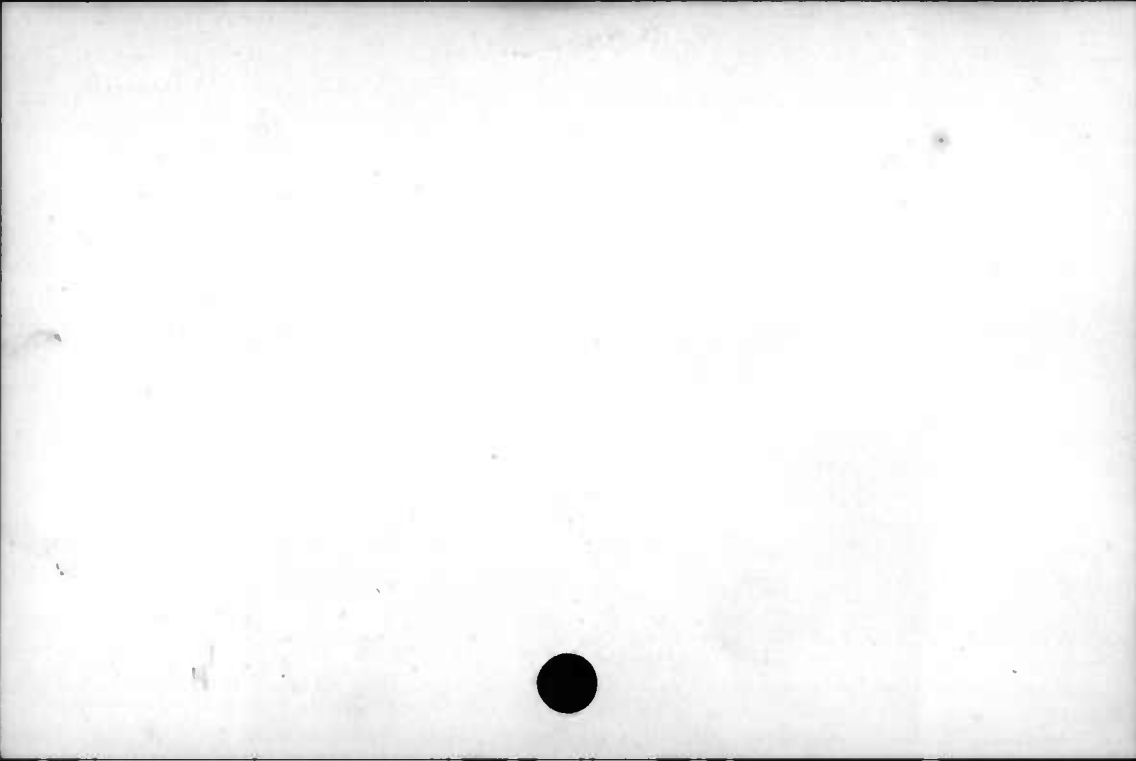
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. E. Pitman

Address Hagerstown Ind

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|-----------------------------------|--------------------------------------|------------------------|
| Died at <i>Hagerstown</i> ^{Town} <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> ^{Month} <i>6</i> ^{Day} <i>7</i> ^{Years} <i>5-4</i> ^{Months} <i>5-</i> ^{Days} <i>12.</i> | Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Md.</i> |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Car. Inspector.</i> | | |
| Name of Wife or Husband <i>Alice Hoover</i> | | Father's Birthplace <i>Md</i> | |
| Father's Name <i>Eli Hoover</i> | | Mother's Birthplace <i>"</i> | |
| Mother's Maiden Name <i>Rachel Hess.</i> | | How related to deceased <i>Wife.</i> | |
| Name of person giving information <i>Alice Hoover</i> | | | |

CAUSES OF DEATH *47*PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Acute Infantrty Rheumatism</i> | How long <i>7 days</i> |
| Immediate <i>Heart Failure</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. K. Derr M.D.</i> |
| | Address <i>Hagerstown, Md.</i> |
| Accident or Suicide? | |



Died Alon Hazzellman Washington MARYLAND
 Town County
 Date 1893 June 20 one hour
 Month Day Y. M. D. Native of Occupation
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
 of
Wife

Father's Name Wm Hersh Mother's Name Catherine Eckleson
 Cause of Death { Primary Heart Failure 151
 Immediate Heart Failure
 How long sick
 Accident, Suicide, Homicide

Reported by A S Haxson
 Address Hazzellman Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

L. H. Baughman

Sub Reg

Name
in
Full

CERTIFICATE OF DEATH

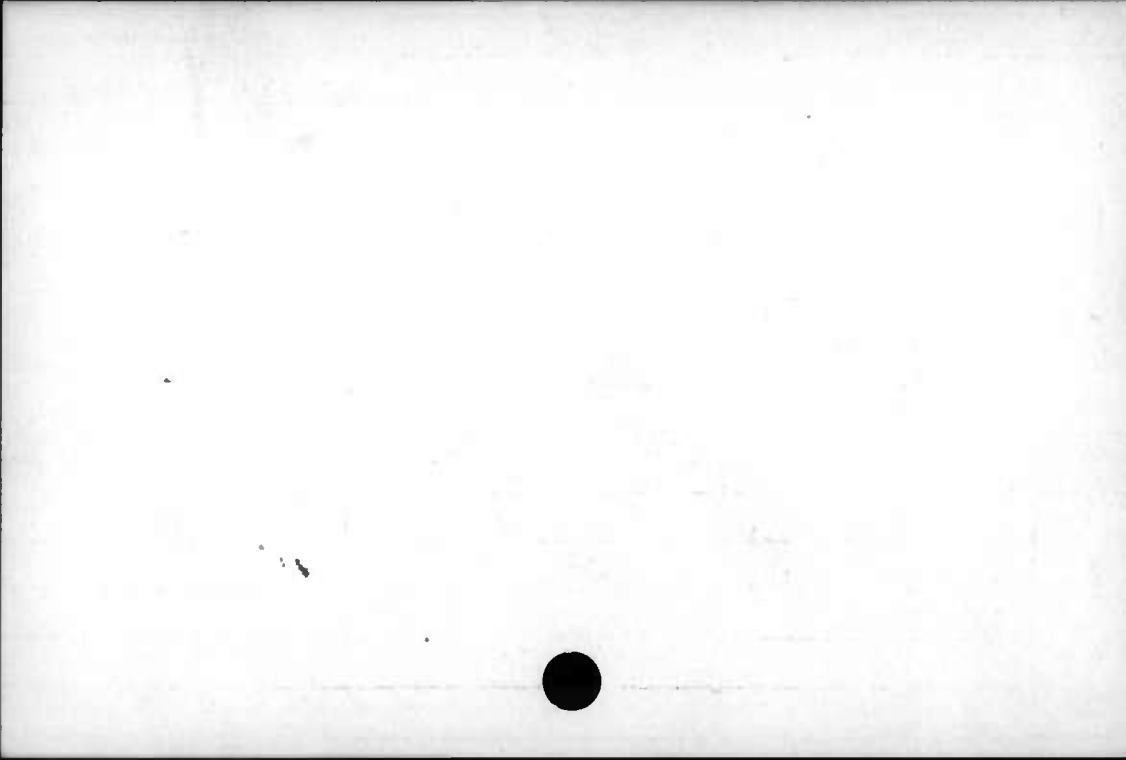
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|-------------------------------|-------------------------------|----------|------|
| Died at <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>June</i> | Day <i>3</i> | Age <i>17</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Hagerstown</i> | | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>None</i> | | | | |
| Name of Wife or Husband _____ | | | | | |
| Father's Name <i>John Pearson</i> | | | Father's Birthplace <i>MD</i> | | |
| Mother's Maiden Name <i>Mary Pearson</i> | | | Mother's Birthplace <i>MD</i> | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pernitonal Tuberculosis</i> | How long <i>One Year</i> |
| Immediate <i>"</i> | How long <i>" "</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. A. Den-M.D.</i> |
| _____ | Address <i>Hagerstown Md.</i> |
| Accident or Suicide? _____ | |



Name

in
Full

Charles W. Kessler

CERTIFICATE OF DEATH

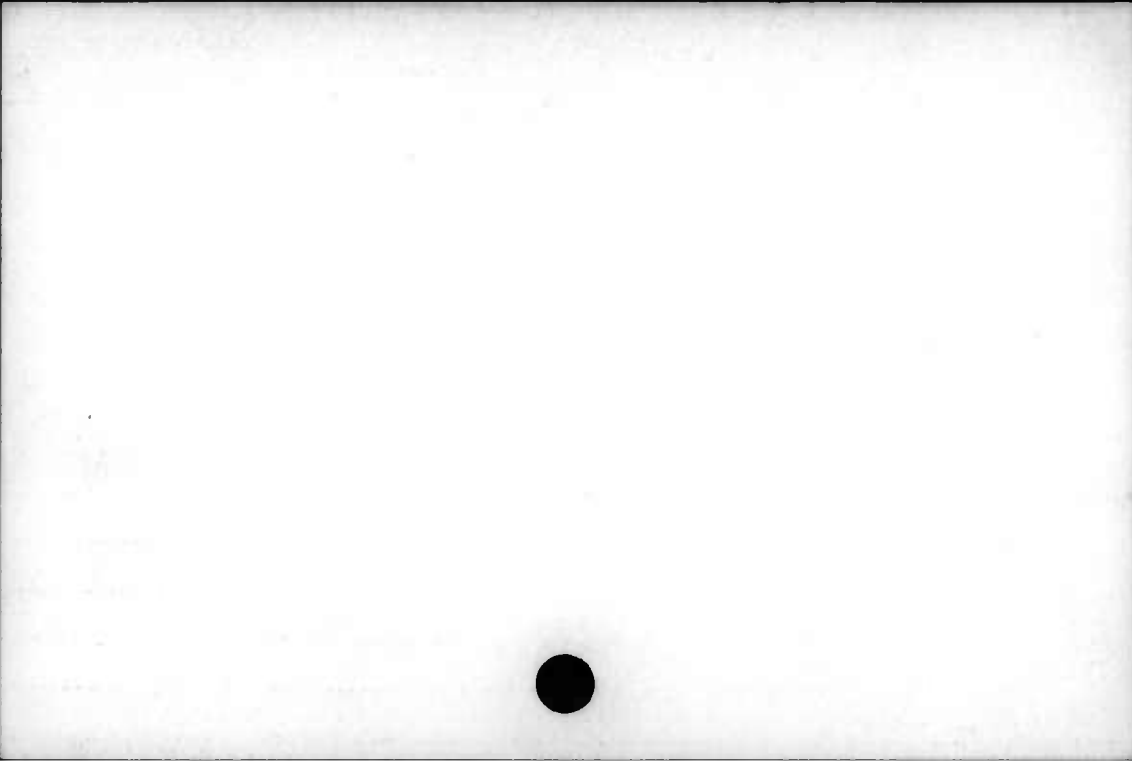
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|------------------------|--|--------|-----------------|---------------|--|
| Died at <i>near Hagerstown</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>6</i> | Day <i>16</i> | Age <i>58</i> | Years | Months <i>2</i> | Days <i>2</i> | |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Pa.</i> | | | | |
| Married, Single or Widowed <i>married</i> | | | Occupation <i>Laborer.</i> | | | | |
| Name of Wife or Husband <i>Emiline Kessler</i> | | | | | | | |
| Father's Name <i>George Kessler</i> | | | Father's Birthplace | | | | |
| Mother's Maiden Name <i>Lydia Stober</i> | | | Mother's Birthplace | | | | |
| Name of person living in information <i>Miss Mary Kessler</i> | | | How related to deceased <i>daughter.</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Arterio-sclerosis</i> | How long <i>5 yrs?</i> |
| Immediate <i>Apoplexy</i> | How long <i>5 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. Preston Miller</i> |
| | Address <i>Hagerstown Md</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

Annie E. Kruse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Courtown* TownCounty *Wash*

Date

of death 1903

Month *June*Day *28*

Age

Years *57*Months *7*Days *3*

Sex

*Female*Color or
Race*White*Birth-
place*Brownsville*Married, ~~Single~~
or ~~Widowed~~

Occupation

*House wife*Name of Wife or
Husband*Dan Kruse*Father's
Name*William Stuebraker*Father's
Birthplace*Brownsville*Mother's
Maiden Name*Elija Stuebraker*Mother's
Birthplace*Brownsville*Name of person giving
InformationHow related
to deceased*Kouger*

CAUSES OF DEATH

Primary

Fatty degeneration of the heart

How long

3 or 4 years

Immediate

Heart Failure

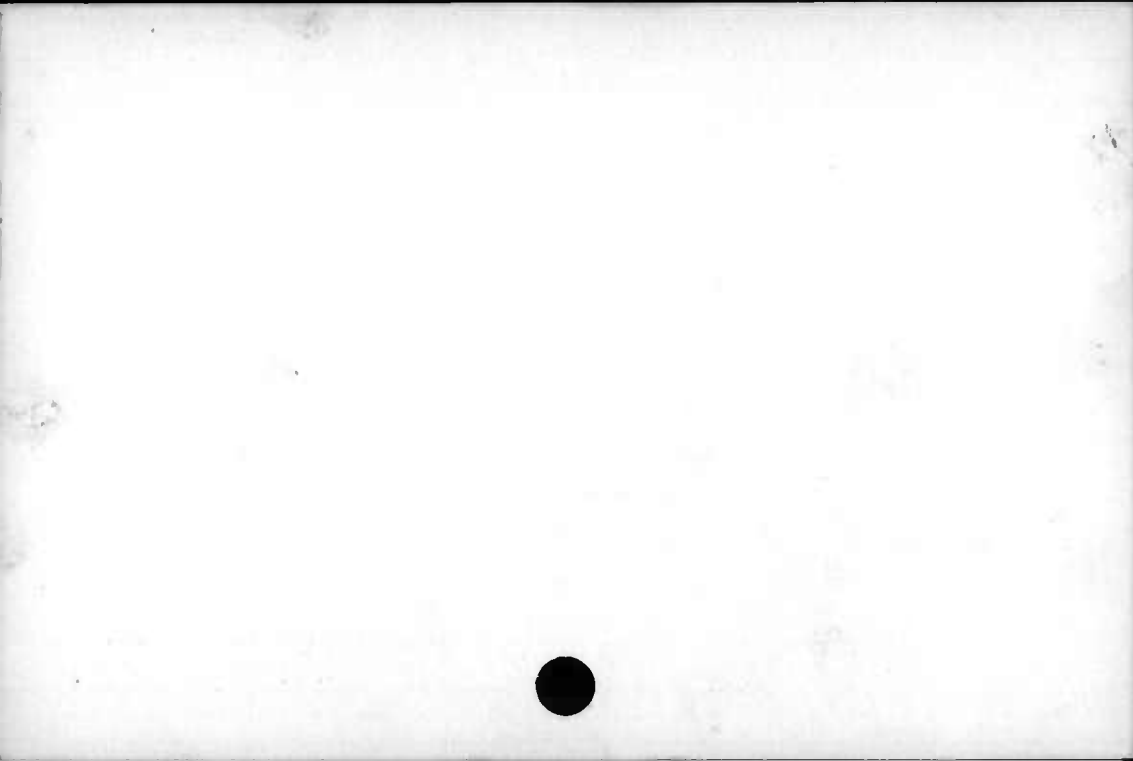
How long

*Half hour*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. J. Jarboe, M.D.
Smithsburg Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------|--|---------------------------------------|--|--------------------------|--|
| Name in Full <i>Berlah N. Leister</i> | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | State <i>MARYLAND</i> | |
| Died at <i>Hagerstown</i> | | Month <i>6</i> | | Day <i>23</i> | | Age <i>38</i> | |
| Date of death 190 <i>7</i> | | Month <i>6</i> | | Day <i>23</i> | | Age <i>38</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Ohio</i> | | Months <i>4</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>none</i> | | Days <i>16</i> | | | |
| Name of Wife or Husband <i></i> | | | | | | | |
| Father's Name <i>Levi Leister</i> | | | | Father's Birthplace <i>Mo</i> | | | |
| Mother's Maiden Name <i>Lydia Oswald</i> | | | | Mother's Birthplace <i>Mo</i> | | | |
| Name of person giving information <i>John O Leister</i> | | | | How related to deceased <i>Bro</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Tuberculosis of Thorax, Endocarditis, Nephritis</i> | | How long <i>4 1/2 yrs</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>1 week</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Wm. Preston Miller</i> | |
| | | Address <i>Hagerstown, Md</i> | |
| Accident or Suicide? <i>no</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------------|--|--------------------------|--|-----------------------|--|
| Name <i>John Lias</i> | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | STATE <i>MARYLAND</i> | |
| Died at <i>Hagerstown</i> | | Month <i>4</i> | | Day <i>1</i> | | Age <i>67</i> | |
| Date of death 190 <i>3</i> | | Years <i>67</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Carpenter</i> | | | | | |
| Name of Wife or Husband <i>Barbare Furthman</i> | | | | | | | |
| Father's Name <i>John S Lias</i> | | Father's Birthplace | | | | | |
| Mother's Maiden Name <i>Catharin Stinemetz</i> | | Mother's Birthplace | | | | | |
| Name of person giving information <i>Barbara Lias</i> | | How related to deceased <i>Wife</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Tuberculosis</i> | | How long <i>27</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>A. J. Stumper</i> | |
| | | Address | |
| Accident or Suicide? | | | |



Name

in
Full

CERTIFICATE OF DEATH

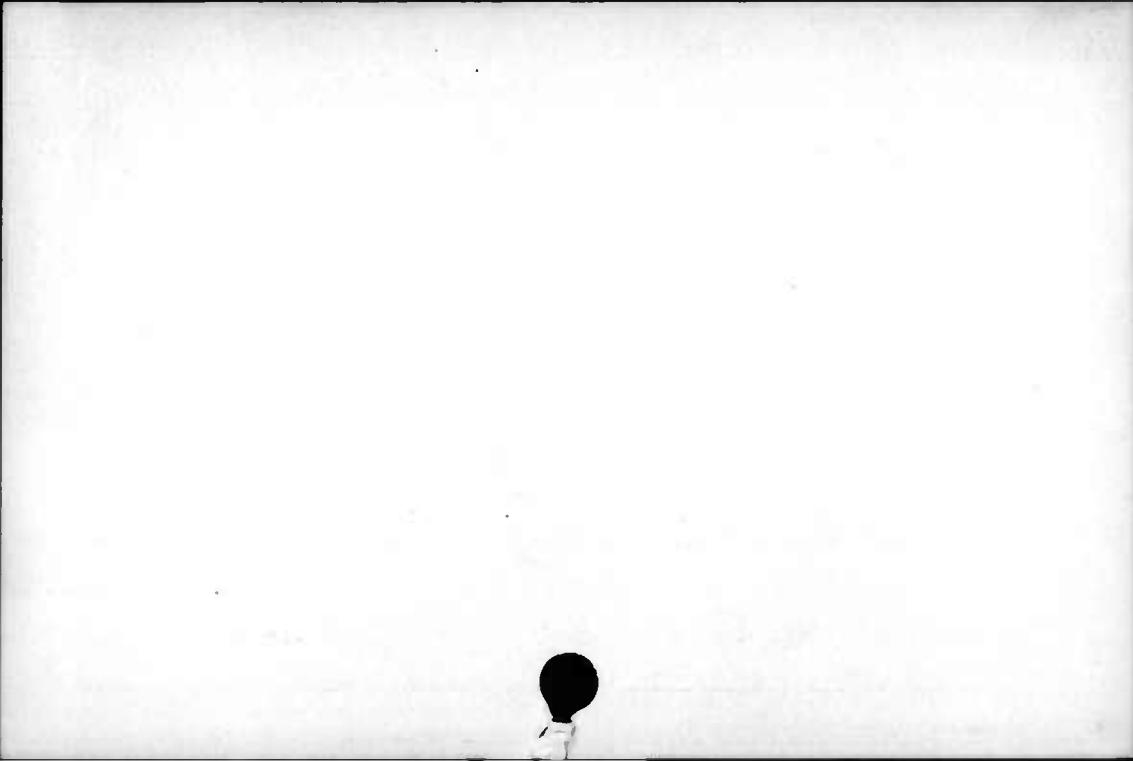
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|----------------------------|--|-----------------------|-------------------------|---------------|--|-------------------|--|
| Died at <i>Hagerstown</i> | | Town | | <i>Washington</i> | | County | | MARYLAND | |
| Date of death 190 <i>3</i> | | Month <i>6</i> | | Day <i>9</i> | | Age <i>53</i> | | Years Months Days | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Grocer</i> | | | | | | | |
| Name of Wife or Husband | | | | | | | | | |
| Father's Name <i>Wm M. Lize</i> | | | | | Father's Birthplace | | | | |
| Mother's Maiden Name <i>Elizabeth Hochly</i> | | | | | Mother's Birthplace | | | | |
| Name of person giving information | | | | | How related to deceased | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Tuberculosis pulmonum 27</i> | | How long <i>Twenty mos.</i> | |
| Immediate <i>Chronic gastro-enteritis with protracted exhaustion</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. W. Hummichouse</i> | |
| | | Address <i>Hagerstown</i> | |
| Accident or Suicide? | | <i>md.</i> | |



Name

is
Full

CERTIFICATE OF DEATH

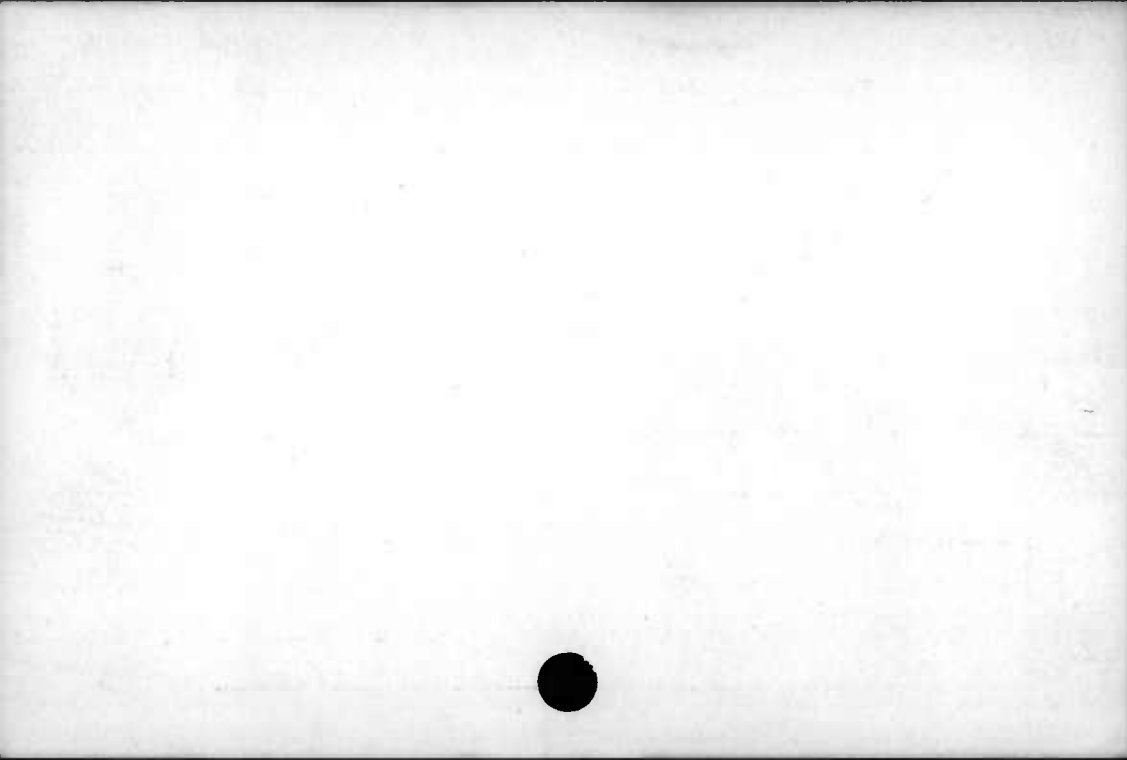
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|------------|-------------------------------|-----------|------------|-------------|
| Died at | | Town <i>Hagerstown</i> | | County <i>Washington</i> | | MARYLAND | |
| Date of death 190 | | 3 | Month 6 | Day 5 | Age 75 | Years 2 | Months 7 |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth- place <i>Md.</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Housewife</i> | | | | | |
| Name of Wife or Husband <i>Samuel McChure</i> | | | | | | | |
| Father's Name <i>Henry Barkman</i> | | Father's Birthplace | | | | | |
| Mother's Maiden Name <i>Marguerite Beatey Bender</i> | | Mother's Birthplace | | | | | |
| Name of person giving in formation <i>Charles McChure</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Organic heart disease - mitral regurg.</i> | How long <i>A number of years</i> |
| Immediate <i>Dropy and dyspnoea</i> | How long <i>About 2 mos.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>May A. Laughlin M.D.</i> |
| | Address <i>Hagerstown, Md.</i> |
| Accident or Suicide? | |



Name

in
Full

CERTIFICATE OF DEATH

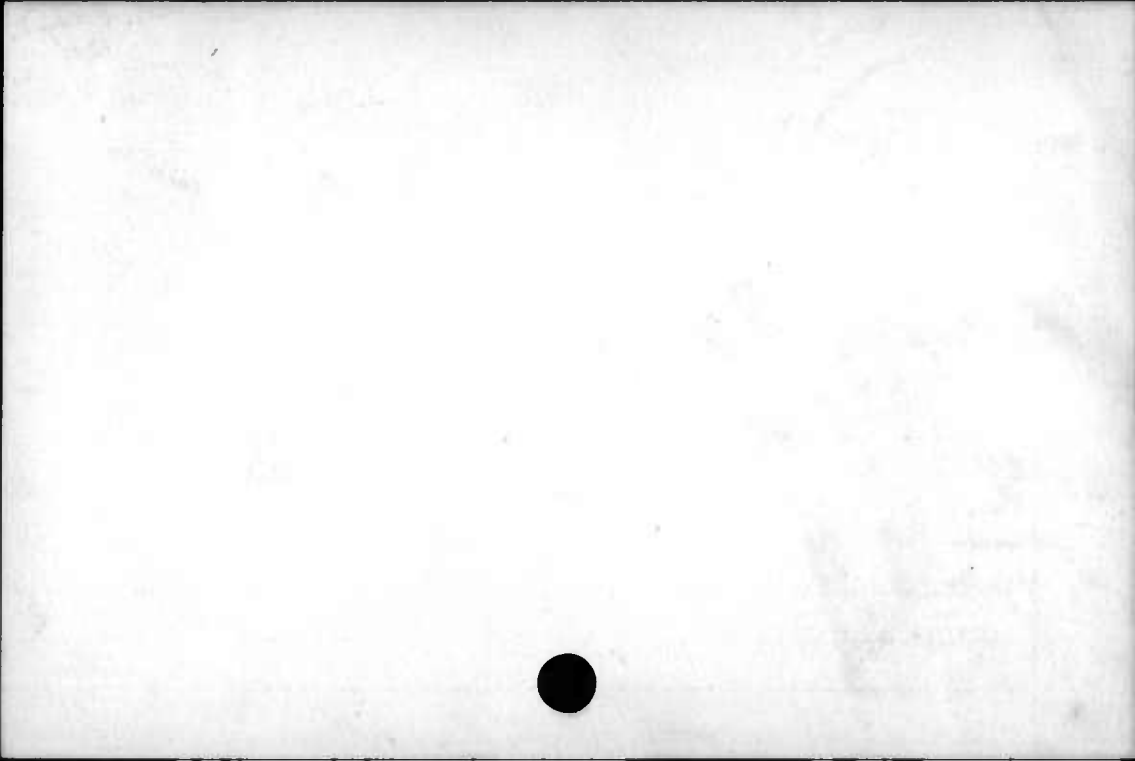
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|--------------------------|--------------------------------|--|-----------------|----------------|--|
| Died at <i>Robertsville</i> | | Town <i>Robertsville</i> | | County <i>Worth</i> | | MARYLAND | |
| Date of death 1903 | Month <i>6</i> | Day <i>1</i> | Age <i>57</i> | Years | Months <i>7</i> | Days <i>15</i> | |
| Sex <i>Male</i> | Color or Race <i>white</i> | | Birth-place <i>Fred. Co Md</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>Livery man</i> | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>John A McQuade</i> | | | | Father's Birthplace <i>Fred. Co Md</i> | | | |
| Mother's Maiden Name <i>Annie Saville Peters</i> | | | | Mother's Birthplace <i>Fred. Co Md</i> | | | |
| Name of person giving information <i>Catherine McQuade</i> | | | | How related to deceased <i>Sister</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Consumption</i> | How long <i>2 years</i> |
| Immediate <i>Exhaustion</i> | How long <i>27</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. H. Baker, M.D.</i> |
| | Address <i>Robertsville</i> |
| Accident or Suicide? | <i>Maryland</i> |



Name In Full

Certificate of Death

Infant Child of Mr. Harver, Martin
 Town Worcester County Franklin Co., Penna.
 Died at Worcester MARYLAND

Date 1903 Month June Day 15 Y. 4 M. 4 D. 4 Native of Pa Occupation _____
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living _____

Husband of _____
 Wife

Father's Name Harver Martin Mother's Name Lizzie Skindall

Cause of Death Debility General Exhaustion How long sick _____
Primary Immediate Accident, Suicide, Homicide

Reported by D. C. R. Miller M.D.

Address Mason + Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

S. H. Baughman

sub reg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Still born~~ Child Name *Myra* **MARYLAND**

Died at *Hagerstown* Town *Washington* County

Date of death 1903 *Jan* Month *26* Day Age *18* Years Months *11* Days

Sex *Female* Color or Race *White* Birth-place *Baymont*

Married, Single or Widowed *Single* Occupation *18 22nd St*

Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name *Maude Myra* Mother's Birthplace

Name of person giving information *mother* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still birth* How long

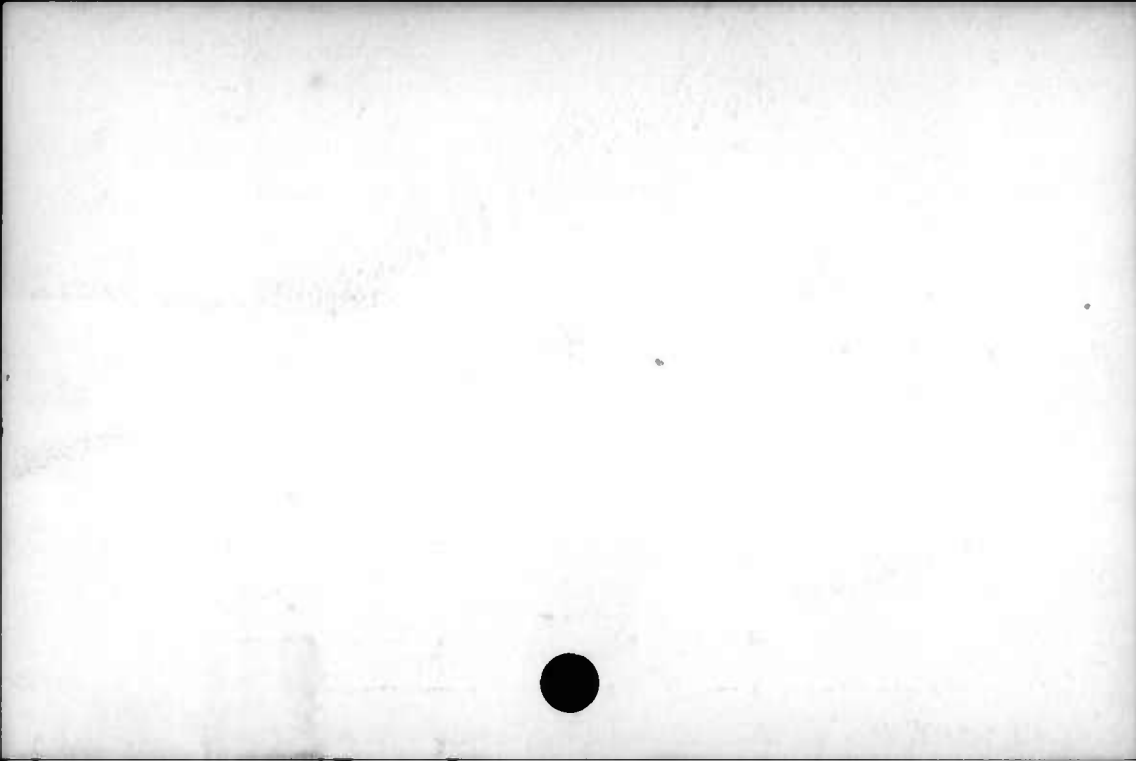
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Mary Pizwogg
 Town County

Died at

Hagerstown

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|-----------------|---------|--------------------|------------------|---------------------------|----|-----------|------------|
| 1903 | 6 | 7 | 13 | 4 | 15 | Ma | L |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | Number of children living | | | |

Husband of

Wife

Father's

Name

Edward Pizwogg

Mother's

Maiden Name

Elizabeth Shank

Cause of

Primary

Enteric Colitis

How long sick

9 days

Death

Immediate

Schaeffer

Accident, Suicide, Homicide

Reported by

McPhee

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John H. Thompson

(Sut - Ry)

Name in Full

Certificate of Death

Lomena Catherine Powers

Died at ^{Town} Sandy Hook^{County} Washington

MARYLAND

Date ~~189~~ 1903 ^{Month} June ^{Day} 26 ^{Y.} ^{M.} 9 ^{D.} 24 ^{Native of} Sandy Hook ^{Occupation} Infant

Male White Married Widower Divorced

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name W. B. Powers

Mother's Name Lillie M. Powers

Cause of Death { Primary Marasmus

Immediate exhaustion

How long sick 6 mos.

105

Accident, Suicide, Homicide

Reported by B B Ranson M.D.

Address Harpers Ferry W. Va. J. M. Blair J.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55000



Name
In
Full

Adeline Reilly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|-------------------------------------|--|----------------------------|----------------------------|
| Died at <i>Sharpsburg</i> ^{Town} | | <i>Washington</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | <i>June</i> ^{Month} | <i>28</i> ^{Day} | Age <i>—</i> ^{Years} | <i>—</i> ^{Months} | <i>1/2</i> ^{Days} |
| Sex <i>female</i> | Color or Race <i>white</i> | | Birth-place <i>Sharpsburg</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Oliver T. Reilly</i> | | | Father's Birthplace <i>Keedysville</i> | | |
| Mother's Maiden Name <i>Annie K. Spring</i> | | | Mother's Birthplace <i>Sharpsburg</i> | | |
| Name of person giving information <i>Oliver T. Reilly</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-------------------------|---|
| Primary | <i>Premature infant</i> | How long <i>—</i> |
| Immediate | <i>151</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>E. M. Gumbert</i> |
| | | Address <i>Sharpsburg, Md</i> |
| Accident or Suicide? <i>—</i> | | |

Rev. S. Wadell.

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

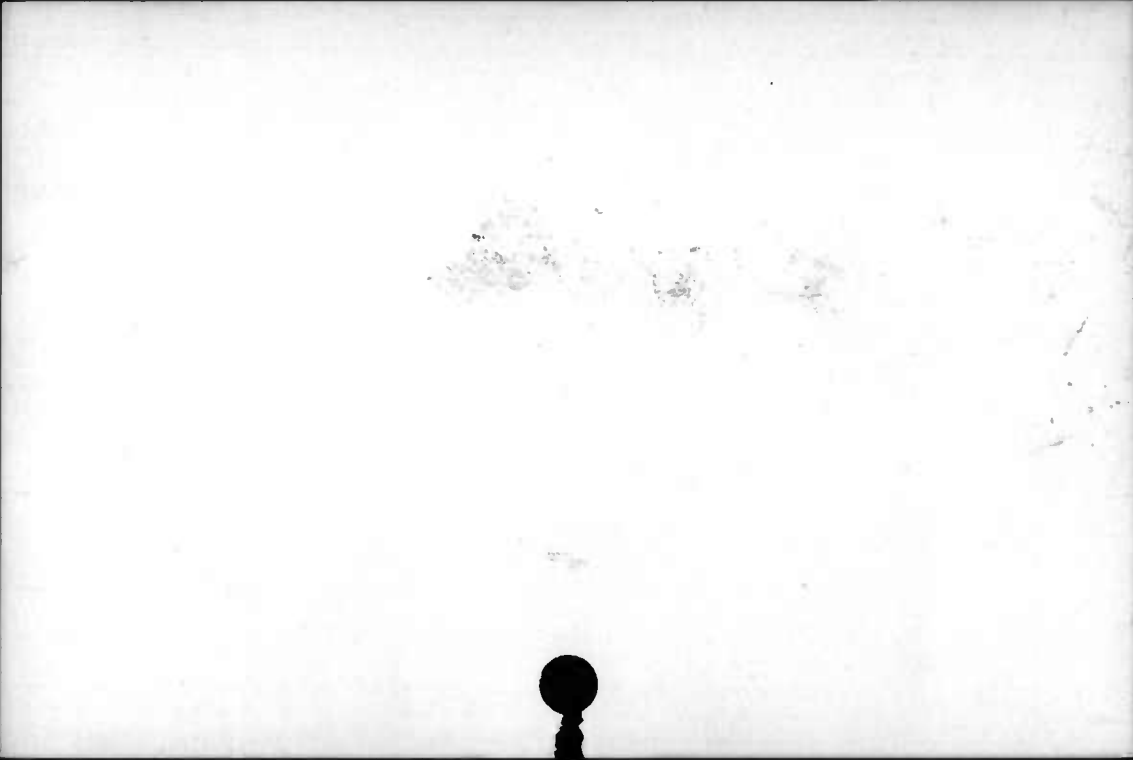
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------------------|--|--------------------------------------|--|
| Name in Full <i>Frances Maymold</i> | | Town <i>Leesport</i> | | County <i>Wash</i> | | MARYLAND | |
| Died at <i>Leesport</i> | | Month <i>June</i> | | Day <i>22</i> | | Age <i>73</i> | |
| Date of death 1903 | | Month <i>June</i> | | Day <i>22</i> | | Age <i>73</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>near Smithsburg Md</i> | | Months <i>7</i> Days <i>9</i> | |
| Married, <i>Single</i> or Widowed | | Occupation <i>Housewife</i> | | | | | |
| Name of Wife or Husband <i>George A Maymold</i> | | Father's Name | | Father's Birthplace <i>not known</i> | | Mother's Birthplace <i>not known</i> | |
| Name of person giving information <i>Aunt Clara Maymold</i> | | How related to deceased <i>Daughter</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Old age Dropsy & Heart Disease</i> | | How long <i>6 years</i> | |
| Immediate <i>Heart Failure</i> | | How long <i>Six weeks</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>L. J. Larber</i> | |
| | | Address <i>Smithsburg Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

John D. Roulette

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|--|------------------|-------|---------------|-------|-------------------------|--------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 190 | | 3 | Month | June | Day | 22 | Age |
| | | | | | Years | 52 | Months |
| | | | | | | | Days |
| Sex | | Male | | Color or Race | | White | |
| Birth-place | | Near Sharpsburg | | | | | |
| Married, Single or Widowed | | Married | | Occupation | | | |
| | | Farmer | | | | | |
| Name of Wife or Husband | | Annie Roulette | | | | | |
| Father's Name | | William Roulette | | | | Father's Birthplace | |
| Mother's Maiden Name | | Margaret Miller | | | | Mother's Birthplace | |
| Name of person giving information | | Noah Roulette | | | | How related to deceased | |
| | | Son | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | | | | |
|--|--------------------------|------|------------------------|-------|
| Primary | Fatty heart | 79 | How long | Years |
| Immediate | Not known - Sudden death | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | Signature of Physician | |
| | | | G. M. Garrett | |
| | | | Address | |
| | | | Sharpsburg, Md. | |
| Accident or Suicide? | | | | |

PHYSICIAN
OR CORONER

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|-------------------------------|--|--------------------------------|--|---|--|--------------------|--|------|--|
| Name in Full <i>Elizabeth Ryan</i> | | Town <i>Four Locks</i> | | County <i>Washington</i> | | MARYLAND | | | | | |
| Died at <i>Four Locks</i> | | Month <i>6</i> | | Day <i>5</i> | | Years <i>72</i> | | Months <i>5</i> | | Days | |
| Date of death 190 <i>3</i> | | | | Age <i>72</i> | | | | | | | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i></i> | | | | | | | |
| Married, Single or Widowed <i></i> | | | | Occupation <i>Housewife</i> | | | | | | | |
| Name of Wife or Husband <i>Wm Ryan</i> | | | | | | | | | | | |
| Father's Name <i>Jessie Baker</i> | | | | | | Father's Birthplace <i></i> | | | | | |
| Mother's Maiden Name <i></i> | | | | | | Mother's Birthplace <i></i> | | | | | |
| Name of person giving Information <i>Wm Ryan</i> | | | | | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Chronic Diarrhoea</i> | | How long <i>1 year</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>4 weeks</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>C. J. Mason M.D.</i> | |
| | | Address <i>Clear Spring Md</i> | |
| Accident or Suicide? <i></i> | | | |



Name In Full

Certificate of Death

Mary Elizabeth Shires
 Died at *Hancock* *Washington* *MARYLAND*
 Town County

Date 19*03*, *June*, *28* | Age *22*. *4* *7* | *Ms.*
 Month Day Y. M. D. Native of Occupation
☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living

Husband of _____
 Wife _____
 Father's Name *Jacob Shires* Mother's Maiden Name *Ellen Sweeney*

Cause of Death { Primary *Phthisis* | How long sick _____
 { Immediate *Acute, Pulmonary* | Accident, Suicide, Homicide

Reported by *J. C. Slegner*
 Address *Hancock Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *(Steger)*
 LIBRARY BUREAU, 79808



Name

in Full

CERTIFICATE OF DEATH

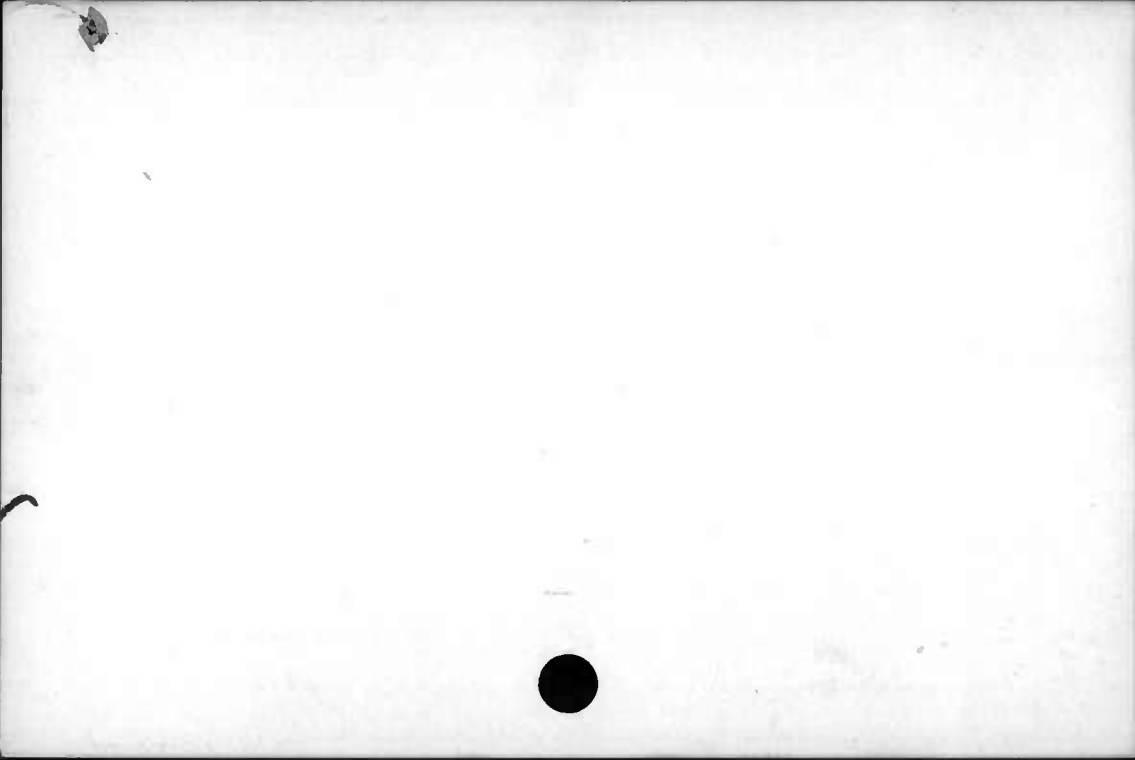
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---------------|-----|-------------------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1903 | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birthplace | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Address | |
| Accident or Suicide? | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|-----------------------------|--|--------------------------|--|
| Name in Full Bernard A. Sumner | | Town Hagerstown | | County Washington | | State MARYLAND | |
| Died at Hagerstown | | Month June | | Day 15 | | Years 43 | |
| Date of death 190 3 | | Months 0 | | Days 0 | | | |
| Sex Male | | Color or Race Black | | Birth-place Md. | | | |
| Married, Single or Widowed Widower | | Occupation Porter | | | | | |
| Name of Wife or Husband Thos. Sumner | | Father's Birthplace Md. | | | | | |
| Mother's Maiden Name Francis King | | Mother's Birthplace Md. | | | | | |
| Name of person giving information Thos Sumner | | How related to deceased Brother | | | | | |

CAUSES OF DEATH

Primary

Tuberculosis 27

How long

3 wks.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

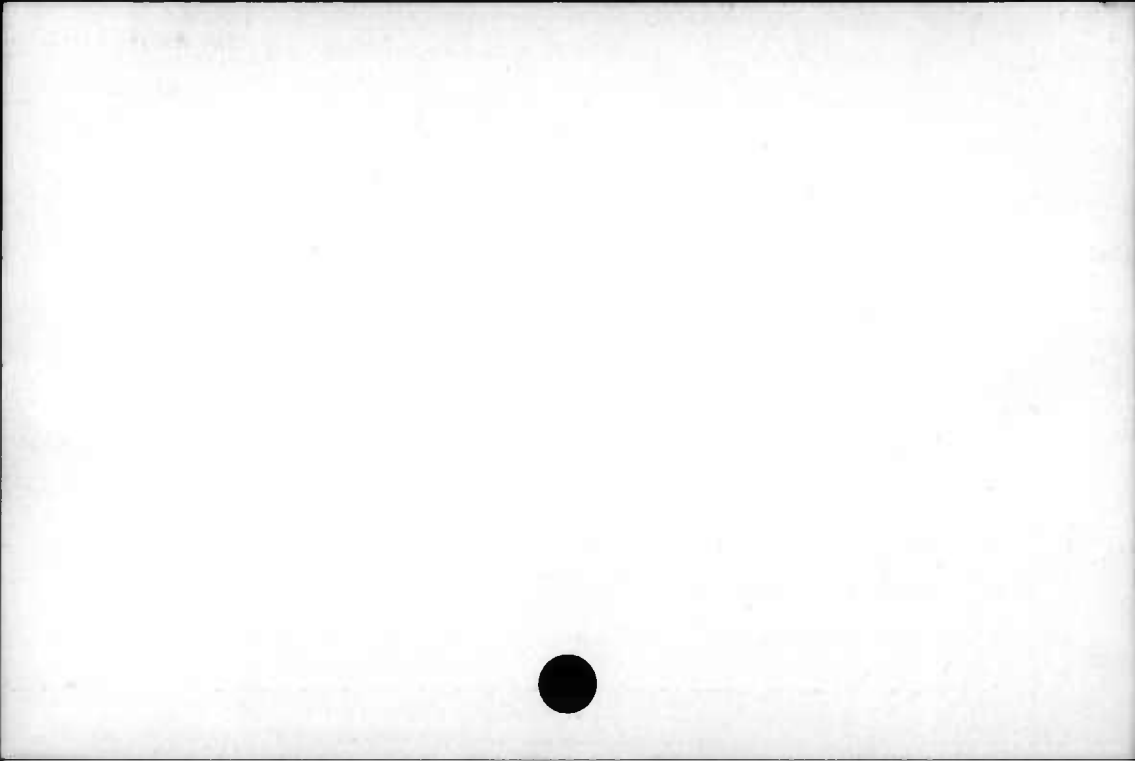
yes.

Signature of Physician

Address

J. M. P. Lead

Accident or Suicide?



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|-------------|--------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1903 | | Month | Day | Years | Months | Days | |
| Sex | | Color or Race | | Birth-place | | | |
| Married, Single or Widowed | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| | Address |
| Accident or Suicide? | |

Consumption.

Name
in
Full

William S. Smith

CERTIFICATE OF DEATH

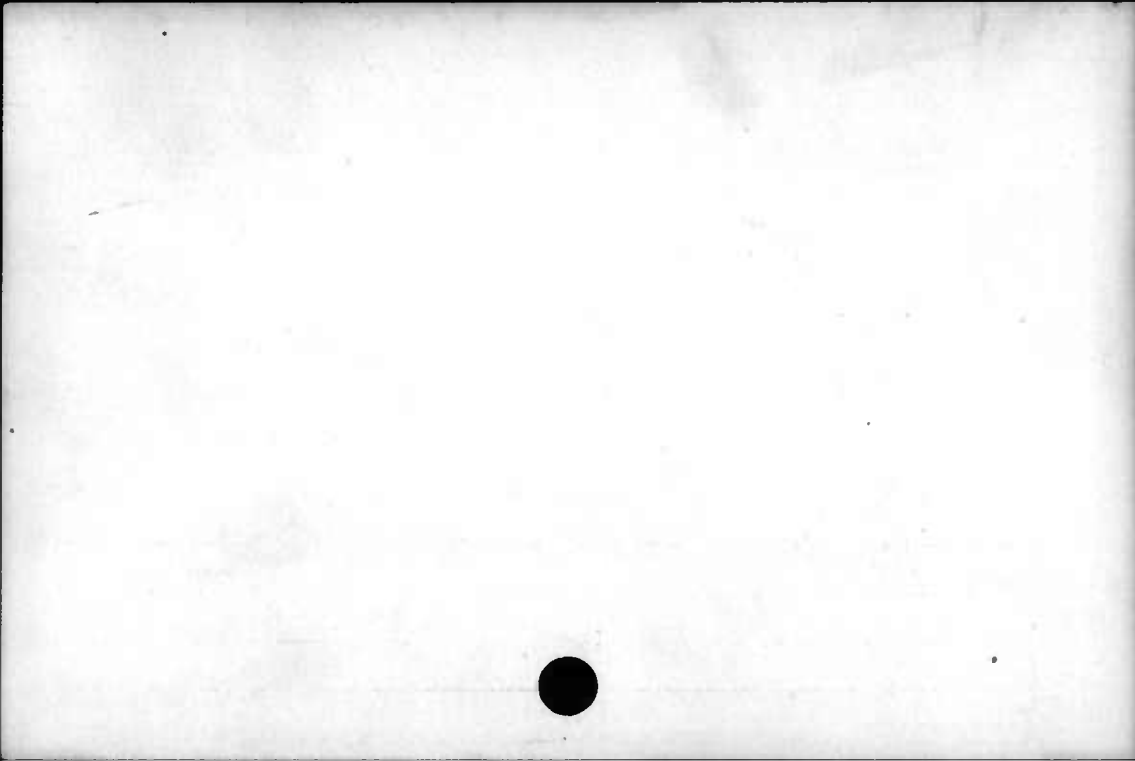
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|------------------------|--------------------------|---------------------------------------|-----------------|----------|--|
| Died at <i>Hagerstown</i> | | Town <i>Washington</i> | | County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>June</i> | Day <i>23</i> | Age <i>10</i> | Years | Months <i>7</i> | Days | |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | | | | |
| Married, Single or Widowed <i>single</i> | | | Occupation <i>Child.</i> | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Geo. W. Smith</i> | | | | Father's Birthplace <i>Penna.</i> | | | |
| Mother's Maiden Name <i>Annie Spang</i> | | | | Mother's Birthplace <i>Md.</i> | | | |
| Name of person giving information <i>Geo W. Smith</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Measles.</i> | How long <i>13 Days</i> |
| Immediate <i>Peritonitis.</i> | How long <i>Six Days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. E. Petruogre</i> |
| | Address |
| Accident or Suicide? | |



Name *Ann Elizabeth Storer*
 Town *Leitersburg* County *Washington* MARYLAND
 Died at *Leitersburg*
 Date 19*03* Month *June* Day *20* Y. *86* M. *4* D. *1* Native of *Md.* Occupation *Housewife*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐ *Housewife*
 Female ☐ Colored ☐ Single ☐ ~~Widower~~ Number of children living *3*

Husband of _____
 Wife _____
 Father's Name *Christian Shockey* Mother's Maiden Name *Mary Sechrist*
 Cause of Death { Primary *Parelytic stroke* How long sick *5 days*
 Immediate _____ Accident, Suicide, Homicide _____

Reported by *J. H. Wishard M. D.*
 Address *Leitersburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Troup

Town

County

Hagerstown

Washington

MARYLAND

Died at

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

June 18

Age 72

6 28

Md

Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~ none

Husband

of

Wife

Father's

Name

Cause of

Primary

paralysis of heart

Death

Immediate

Mother's

Name

Mary Treiber

How long sick

about 15 minutes.

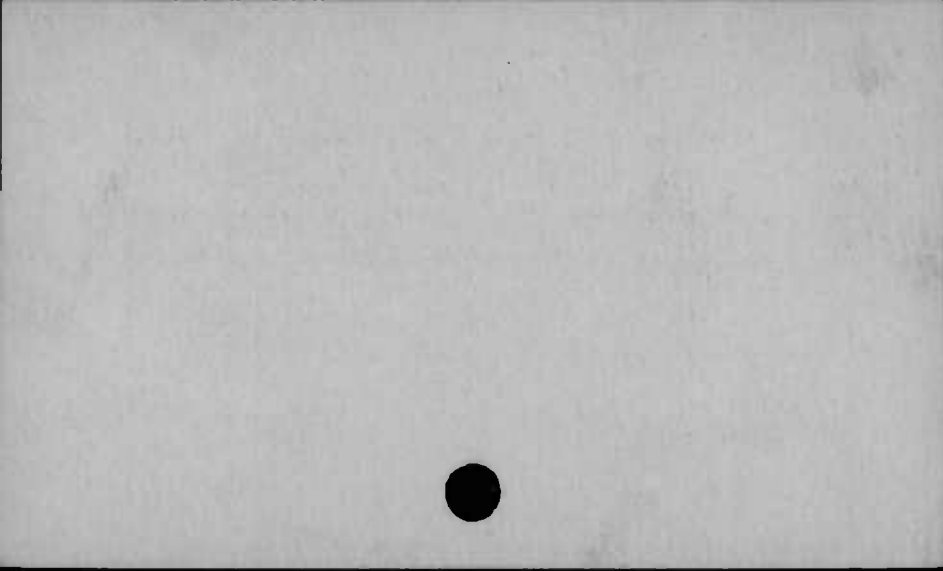
~~Accident~~ ~~Suicide~~ ~~Hard case~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8555



Reuben Oscar Williard

Died at ^{Town} Blue Ridge Summit ^{County} Washington County MARYLAND

Date 1903 ^{Month} June ^{Day} 4 | Age 50-6-10 | ^{Native of} Wash. Co | ^{Occupation} Carpenter

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of Annie Eby 40
 Wife
 Father's Name David Williard Mother's Name Julia Shover

Cause of { Primary Cancer of Stomach How long sick 5-7 months
 Death { Immediate " " Accident, Suicide, Homicide

Reported by C. L. Wachter M. D.
 Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

